

# **PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 29, 1999

Application or Docket Number

09519018

## **CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	45 minus 20=	* 25
INDEPENDENT CLAIMS	14 minus 3=	* 11
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## **SMALL ENTITY TYPE**

OR

## **OTHER THAN SMALL ENTITY**

RATE	FEE	OR	RATE	FEE
	345.00	OR		690.00
X\$ 9=	225	OR	X\$18=	
X39=	409	OR	X78=	
+130=		OR	+260=	
TOTAL	994	OR	TOTAL	

## **CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

## **SMALL ENTITY**

OR

## **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ATTACHMENT TO PTO 1533

Notification of Insufficient Funds

This is notify you that Deposit Account # 500436  
on 09518098 had insufficient funds available to charge  
the required fee.

Current Balance: \$ 642

**This Form is for INTERNAL PTO USE ONLY**  
**It does NOT get mailed to the applicant.**

**NOTICE OF FILING / CLAIM FEE(S) DUE**  
**(CALCULATION SHEET)**

APPLICATION NUMBER: 095180948

**Total Fee Calculation**

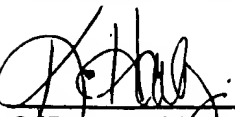
Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101			<u>345</u>	<u>690</u>	-	<u>345</u>
Total Claims >20	203/103	<u>45</u>	-20 =	<u>25</u>	<u>9</u>	X	<u>225</u>
Independent Claims >3	202/102	<u>14</u>	-3 =	<u>11</u>	<u>39</u>	X	<u>429</u>
Mult. Dep Claim Present	204/104			<u>130</u>	<u>260</u>	-	
Surcharge	205/105			<u>65</u>	<u>130</u>	-	<u>130</u>
English Translation	139						
<b><u>TOTAL FEE CALCULATION</u></b>							<u>999</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 999

Less Filing Fees Submitted - \$ 357

**BALANCE DUE** = \$ 642

  
Office of Initial Patent Examination